

Listing of Claims:

Claims 1-11 (canceled).

Claim 12 (currently amended): A surgical device for providing a working passage through tissue, the surgical device comprising:

an elongate tubular member having proximal and distal openings defining a bore therethrough, the bore forming the working passage for an operating tool; and

a plurality of wall segments disposed on said tubular member, each wall segment having an uninflated state and an inflated state, wherein the plurality of wall segments includes at least two wall segments in an abutting relationship along a longitudinal axis of the elongate tubular member when in the uninflated state, each wall segment in the plurality of wall segments defining a discrete internal space.

Claim 13 (previously presented): The surgical device of claim 12, wherein the bore is dimensioned to receive an endoscopic instrument.

Claim 14 (previously presented): The surgical device of claim 12, wherein each wall segment extends circumferentially about the tubular member.

Claim 15 (previously presented): The surgical device of claim 12, wherein a surface of each wall segment is substantially flush with an exterior surface of said tubular member when said wall segment is in the uninflated state.

Claim 16 (previously presented): The surgical device of claim 12, wherein each wall segment has an outside diameter greater than an outside diameter of the tubular member when said wall segment is in the inflated state.

Claim 17 (previously presented): The surgical device of claim 12, wherein the plurality of wall segments are selectively inflatable such that, when the at least two wall segments are in the inflated state, the at least two wall segments define a gap therebetween.

Claim 18 (canceled).

Claim 19 (currently amended): A method of positioning a surgical access device through tissue of a patient, the method comprising the steps of:

inserting the surgical access device through tissue, said surgical access device comprising:

an elongate tubular member having proximal and distal openings defining a bore therethrough, the bore forming the working passage for an operating tool; and

a plurality of wall segments disposed on said tubular member, each wall segment having an uninflated state and an inflated state, wherein the plurality of wall segments includes at least two wall segments in an abutting relationship along a longitudinal axis of the elongate tubular member when in the uninflated state, each wall segment in the plurality of wall segments defining a discrete internal space.;

introducing a fluid under pressure to a first wall segment causing it to go from its uninflated state to its inflated state; and

positioning said surgical access device such that at least a portion of the first wall segment is in contact with tissue.

Claim 20 (previously presented): The method of claim 19, wherein said bore is dimensioned to accommodate an endoscopic instrument.

Claim 21 (previously presented): The method of claim 19, further comprising the step of:

introducing a fluid under pressure to a second wall segment causing it to go from its uninflated state to its inflated state and defining a gap between said first and second wall segments.

Claim 22 (canceled).

Claim 23 (previously presented): The surgical device of claim 12, further including a retractor repositionable through the elongate tubular member, the retractor comprising:

a shaft having proximal and distal openings, the proximal and distal openings defining a bore therethrough; and

an expandable member attached at a distal end of the shaft, the expandable member in fluid communication with the proximal opening of the shaft.

Claim 24 (previously presented): The surgical device of claim 12, wherein the elongate tubular member is formed of a rigid material.

Claim 25 (previously presented): The method of claim 19, wherein the elongate tubular member is formed of a rigid material.

Claims 26-31 (cancelled).

Claim 32 (previously presented): The surgical device of claim 12, wherein the at least two wall segments are adapted to maintain their abutting relationship during inflation.

Claim 33 (previously presented): The surgical device of claim 12, wherein the at least two wall segments are in an abutting relationship when in the inflated state.

Claim 34 (currently amended): A surgical device comprising:

an elongate tubular member defining a passage therethrough such that an operating tool is extendable beyond an open distal end of the elongate tubular member that is configured to removably receive an operating tool; and

a plurality of selectively inflatable wall segments along the tubular member, each wall segment being configured to engage tissue in substantially sealed relation upon the inflation thereof such that the tissue may be sealed at one or more selected locations along the elongate tubular member, wherein the plurality of wall segments includes at least two wall segments in an abutting relationship along a longitudinal axis of the elongate tubular member, each wall segment in the plurality of wall segments defining a discrete internal space.

Claim 35 (previously presented): The surgical device of claim 34, wherein the at least two wall segments are adapted to maintain their abutting relationship during inflation.

Claim 36 (previously presented): The surgical device of claim 35, wherein the at least two wall segments are in an abutting relationship when in the inflated state.

Claim 37 (new): The surgical device of claim 12, wherein each wall segment in the plurality of wall segments is independently inflatable.

Claim 38 (new): The surgical device of claim 12, wherein each wall segment in the plurality of wall segments includes a proximal face and a distal face, the proximal face of at least one wall segment abutting the distal face of an adjacent wall segment when the plurality of wall segments are in the inflated state.